MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037504

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 2

FILED NOV 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0020
2 3648 2
3
4 1
5 2
6
7 1
8 0
9 4200
10
11
12 86-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ANDREW
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SAVANNAH
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LAVERNA HEIGHTS NURSING HOME
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3911 FOREST AVENUE
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ROSE Middle Last McKOWEN

4. DATE OF DEATH: Month OCTOBER Day 28th Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 6-1-1883
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): NEW BERLIN WISCONSIN
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: MICHAEL McGOWAN
13b. MOTHER'S MAIDEN NAME: MARGARET LOFTUS
14. NAME OF HUSBAND OR WIFE: ARTHUR (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MILDRED RHOADS Address: MISSION KANSAS 2216 W 73rd TERRACE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic
DUE TO (b) Heart Disease
DUE TO (c) Congestive failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-5-62 to 10-28-62 and last saw her alive on 10-25-62
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Warren C Baker (Degree or title) M.D.
22b. ADDRESS: Savannah Mo.
22c. DATE SIGNED: 10-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-30-62
23c. NAME OF CEMETERY OR CREMATORY: MT CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W.Newcomer's Sons Kansas City Mo 1331 Brush Creek Blvd.
25. DATE RECD. BY LOCAL REG.: 10-28-1962
26. REGISTRAR'S SIGNATURE: Darlene L. Williams

A07

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Inks, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.